STATEME	ENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: VIVEK Y. REDDY, D.	
Application No./Patent No.: Not Yet Assigned	Filed/Issue Date: Herewith DETERMINING OR TREATING CARDIAC ABNORMALI-TIES AND
Entitled: ARRANGEMENTS AND METHODS FOR D	DETERMINING OR TREATING CARDIAC ABNORMALI-TIES AND
	non-profit organization ,
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:	
1. the assignee of the entire right, title, an	d interest; or
2. an assignee of less than the entire righ. The extent (by, percentage) of its owner.	t, title and interest. ership interest is%
in the patent application/patent identified above	ve by virtue of either:
• • • • • • • • • • • • • • • • • • • •	the patent application/patent identified above. The assignment ent and Trademark Office at Reel, Frame, or for
OR	
assignee as shown below:	the patent application/patent identified above, to the currentTo:
The document was recorded in the	ne United States Patent and Trademark Office at, or for which a copy thereof is attached.
2. From:	To:
i ne document was recorded in th	ne United States Patent and Trademark Office at, or for which a copy thereof is attached.
3. From:	To:
The document was recorded in th	ne United States Patent and Trademark Office at, or for which a copy thereof is attached.
[] Additional documents in the chair	n of title are listed on a supplemental sheet.
	assignment document or a true copy of the original document) in accordance with 37 CFR Part 3, if the assignment is to be
	y) is authorized to act on behalf of the assignee.
7/28/03 Date	Tuned or printed name
Date	Typed or printed name
	Irina Erenburgiulti.D.
	Industry Agreement Manager
	Title

BAKER BOTTS ...

35249 - 069225.0119 **Attorney Docket Number DECLARATION FOR UTILITY OR** VIVEK Y. REDDY **First Named Inventor DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Not Yet Assigned Application Number Herewith Filing Date Declaration Declaration Submitted after Initial OR Submitted Group Art Unit Not Yet Assigned Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing Not Yet Assigned required) **Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ARRANGEMENTS AND METHODS FOR DETERMINING OR TREATING CARDIAC ABNORMALITIES AND INCONSISTENCIES (Title of the Invention) the specification of which is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuationin-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Priority Foreign Filing Date **Certified Copy Attached?** Number(s) Country (MM/DD/YYYY) **Not Claimed** YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior applications(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)		
		<u> </u>		
				
	- 			

DECLARATION — Utility or Design Patent Application

The Contract						and the second s
Direct all correspondence to: Customer N or Bar Code		21003	3	OR		Correspondence address below
Name						
Address						
City		S	State			ZIP
Country	Telepho	one .				Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		A petition has	been file	ed for	this	unsigned inventor
Vivek, Y Given Name (first and middle [if any])		F	Reddy amily Nam r Surname			
Inventor's Signature	5					Date 11/1/03
Cambridge Residence: City	ŀ	/IA tate	USA Coun	try		USA Citizenship
10 Museum Way, #623 Mailing Address			v			
Cambridge	i	ΛA	02141			USA
NAME OF SECOND INVENTOR		tate	ZIP	Y /	*******	Country
NAME OF SECOND INVENTOR: David J.	A			for th	nis un	signed inventor
Given Name (first and middle [if any])		Fa	Milan mily Name Surname			
Inventor's Signature	<u>-</u>					Date 11 (1 D3
Boston	МА		USA			USA
Residence: City	Stat	e	Country			Citizenship
Mailing Address 394 Buc.	, S1	#3				
Boston	MA		02116			USA
City	Stat		ZIP			Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box

 +

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

<u> </u>						
Name of Additional Joint Inventor, if a	any:		A petition has been file	d for t	his unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname			
Jeremy N.			Ruskin			
Inventor's Signature Zeerang M. Tusker					"/4/03 Date	
Watertown Residence: City	MA State		USA Country		USA Citizenship	
140 Spring Street Mailing Address					Onizonomp	
Mailing Address					-	
Watertown City	MA State		02472 ZIP C	ountr	JSA y	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed	for this unsigned inventor		
Given Name (first and middle [if any	y])	\Box	Family Nam	e or S	urname	
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
				-		
City	State		ZIP	Cour	ntry	
Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature Date					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Cos	untry	

Please type a plus sign (+) inside this box



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	VIVEK Y. REDDY
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	35249 - 069225119

I hereby appoint:	<u> </u>		
Practitioners at Customer Number 21003 OR	Place Customer Number Bar Code Label here		
Practitioner(s) named below:			
Name	Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application in business in the United States Patent and Trademark Office con	nected therewith.		
Please change the correspondence address for the above-idention The above-mentioned Customer Number.	fied application to:		
OR .			
Firm or Individual Name			
Address			
Address			
City	State Zip		
Country			
Telephone	ax		
I am the: Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTC			
SIGNATURE of Applicant or Assigne	e of Record		
Name General Hospital Corporation			
Signature Sunbur	Irina Erenburg, Ph.D. Industry Agreement Managan		
Date 7/28/03	Industry Agreement Managar		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of $\frac{2}{2}$ forms are submitted.			